



The Role of Peer Support in Suicide Prevention

VA/DoD Suicide Prevention Webinar
May 25, 2016

Paul N. Pfeiffer, MD

VA Center for Clinical Management Research (CCMR)

VA Ann Arbor Healthcare System

Assistant Professor, University of Michigan

Disclosures

- Funding support from VA HSR&D and NIMH

Outline of Talk

- Background & Theory
- Role of Peers in Suicide Prevention
- Pilot RCT research preview

Background & Theory

"All the News
That's Fit to Print"

The New York Times

Late Edition

Today, a few showers, a thunderstorm, high 78. Tonight, a few showers, a thunderstorm, low 58. Tomorrow, sunshine returns, high 67. Weather map appears on Page B16.

VOL. CLXV ... No. 57,210

© 2016 The New York Times

NEW YORK, FRIDAY, APRIL 22, 2016

\$2.50

After 6 Years, A Plan Targets Wall Street Pay

*Deferrals of Bonuses,
to Curb Risky Bets*

By NATHANIEL POPPER

Regulators released long-awaited rules on Thursday morning that aim to restrict how big financial institutions can pay their top executives.

The new limits on banker bonuses would make the highest-paid employees at the biggest banks wait at least four years to receive parts of their annual pay. After the proposals are completed in the coming months, as is expected, banks will also have to reclaim bonuses from bankers who take risks that lead to big financial losses.

The regulators are responding to an uproar of criticism over Wall Street's pay practices after the biggest American banks had to take government bailout money during the 2008 financial crisis. That public anger has been rekindled during the 2016 presidential campaign season, putting pressure on regulators to tighten their oversight of Wall Street.

The new rules on executive pay grew out of the 2010 Dodd-Frank financial overhaul, but it has taken years to put them into practice, even though President Obama has pushed regulators to complete them. The administration is running out of time to get rules approved before a new president is elected.

Rick Mettger, the vice chairman at the National Credit Union

PRINCE, 1958-2016



LIU HEUNG SHING/ASSOCIATED PRESS

Prince, performing in California in 1985, was both spontaneous and precise onstage.

A Mesmerizing Master of Pop

By JON PARELES

Prince, the songwriter, singer, producer, one-man studio band and consummate showman, died on Thursday at his home, Paisley Park, in Chanhassen, Minn. He was 57.

funk, rock, R&B and pop, even as his music defied genres. In a career that lasted from the late 1970s until his solo "Piano & a Microphone" tour this year, he was acclaimed as a sex symbol, a

Sweeping Pain As Suicides Hit A 30-Year High

*Rates Rise for Almost
All Groups in U.S.*

By SABRINA TAVERNISE

WASHINGTON — Suicide in the United States has surged to the highest levels in nearly 30 years, a federal data analysis has found, with increases in every age group except older adults. The rise was particularly steep for women. It was also substantial among middle-aged Americans, sending a signal of deep anguish from a group whose suicide rates had been stable or falling since the 1950s.

The suicide rate for middle-aged women, ages 45 to 64, jumped by 63 percent over the period of the study, while it rose by 43 percent for men in that age range, the sharpest increase for males of any age. The overall suicide rate rose by 24 percent from 1999 to 2014, according to the National Center for Health Statistics, which released the study on Friday.

The increases were so widespread that they lifted the nation's suicide rate to 13 per 100,000 people, the highest since 1986. The rate rose by 2 percent a year starting in 2006, double the annual rise in the earlier period of the study. In all, 42,773 people died from suicide in 2014, compared with 29,199 in 1999.

"It's really stunning to see such a large increase in suicide rates affecting virtually every age group," said Katherine Hempstead, senior

G.O.P. BACKS OFF ON AIDING RACES DOWN THE TICKET

FUND-RAISING IS LAGGING

*In Limbo, Party Delays
Spending in Some
Contested States*

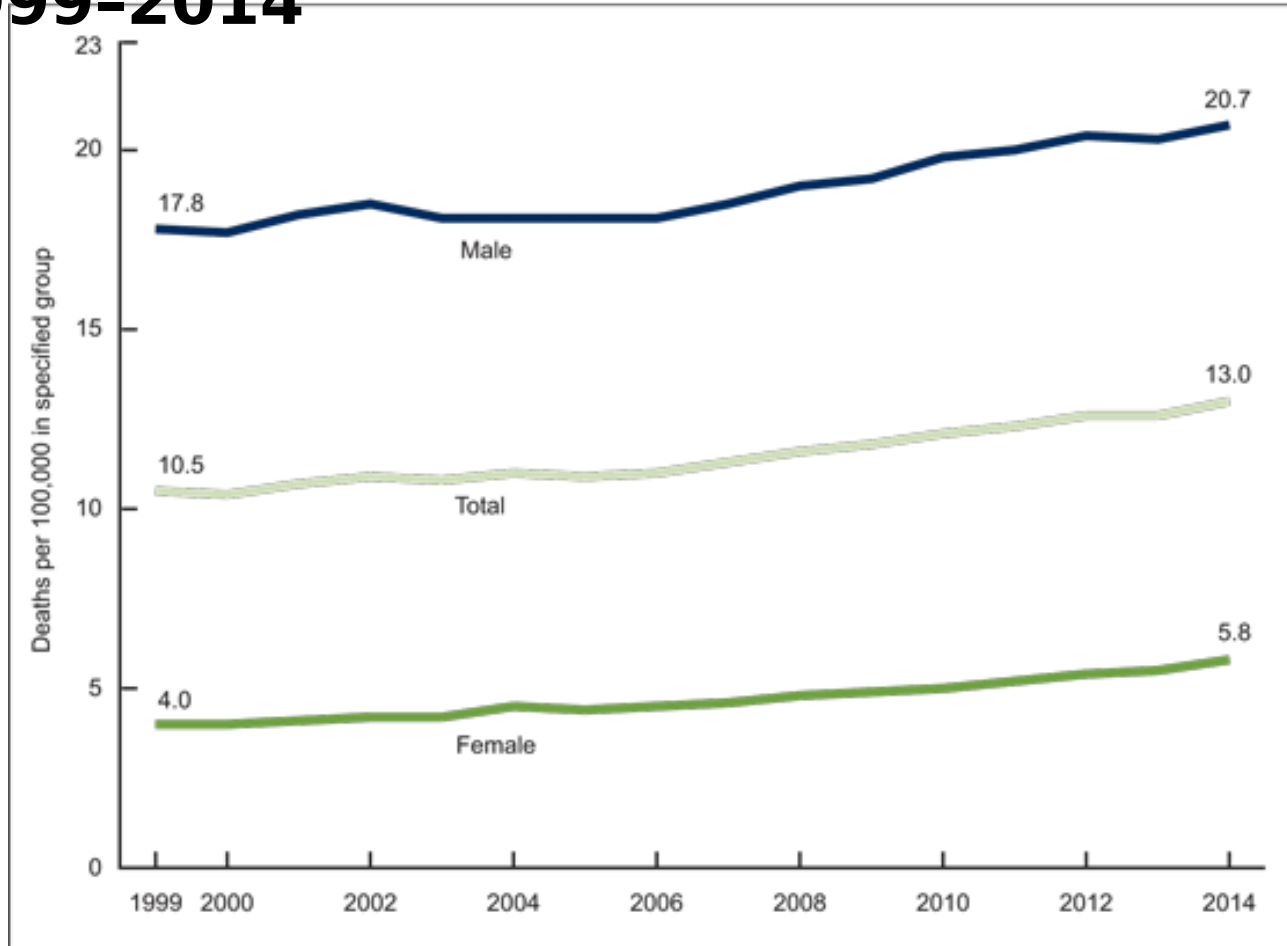
By JONATHAN MARTIN

HOLLYWOOD, Fla. — The Republican National Committee is scaling back its financial commitments to some of the most hotly contested states because of flagging fund-raising, the most concrete evidence yet of how the party's divisive and protracted presidential race is threatening the party's entire ticket in November.

Committee officials outlined detailed plans in written "playbooks" distributed this year in the most competitive states about how they intended to assist Republican campaigns up and down the ballot with money and manpower. By July 1, Florida was to have 256 field organizers and Ohio another 176, for example, according to a state party chairman in possession of the strategy books who spoke on the condition of anonymity to discuss internal matters.

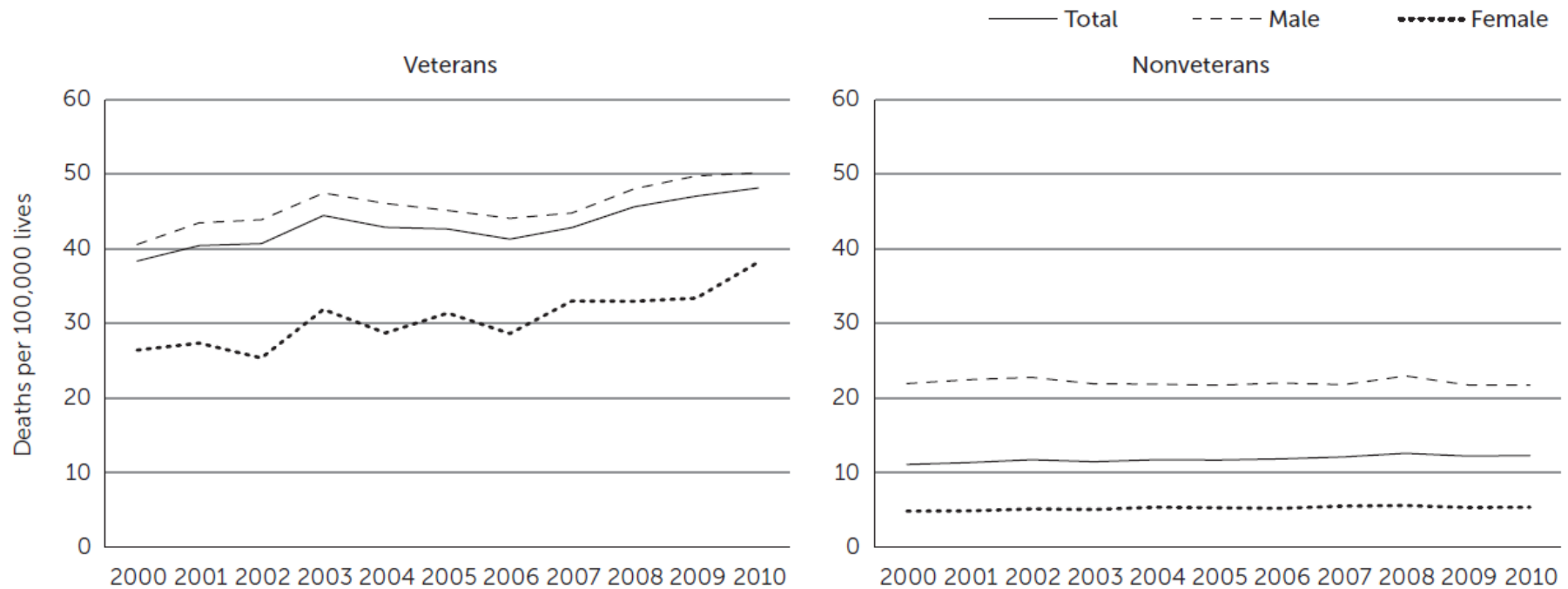
But Sean Spicer, the committee's chief strategist, acknowledged this week that the committee had begun informing state parties and statewide campaigns that fulfilling such plans would now be "slower." He said the

Increase in Suicide in the United States, 1999-2014



Curtin, 2016

Trends in Veteran and Non-Veteran Suicide Rates



Hoffmire, 2015

Table 1. Deaths by Suicide by Component and Service

DoD Service and Component	2013				Total 2013	Total 2014	Total 2015
	Q1	Q2	Q3	Q4			
Active Component	67	60	69	58	254	273	266
Air Force	7	14	15	12	48	62	64
Army	33	28*	33	27	121*	124	120
Marine Corps	11	12	13	9	45	34	39
Navy	16	7	8	10	41	53	43
Reserve Component	55	56	53	56	220	170	209
Reserve	27	16	23	20	86	79	88
Air Force Reserve	1	2	5	3	11	10	9
Army Reserve	21	11	15	12	59	42	54
Marine Corps Reserve	4	1	2	4	11	12	11
Navy Reserve	1	2	1	1	5	15	14
National Guard	28	40	30	36	134	91	121
Air National Guard	2	2	6	4	14	14	21
Army National Guard	26	38	24	32	120	77	100

Franklin, 2016

New Approaches to Suicide Prevention Needed

Ideally should:

- Address known risk factors
- Have limited barriers to implementation
 - Acceptable and accessible to recipients
 - Affordable and scalable

Risk Factors for Suicide

- Mental health disorders
- Prior suicide attempts
- Social isolation
- Physical illness
- Unemployment
- Family conflict/Loss
- Family history of suicide
- Impulsivity
- Incarceration
- Hopelessness
- Seasonal variation
- Serotonin dysfunction
- Agitation, insomnia
- Childhood trauma
- Exposure to suicide
- Homelessness
- Combat exposure
- Low self-esteem, shame

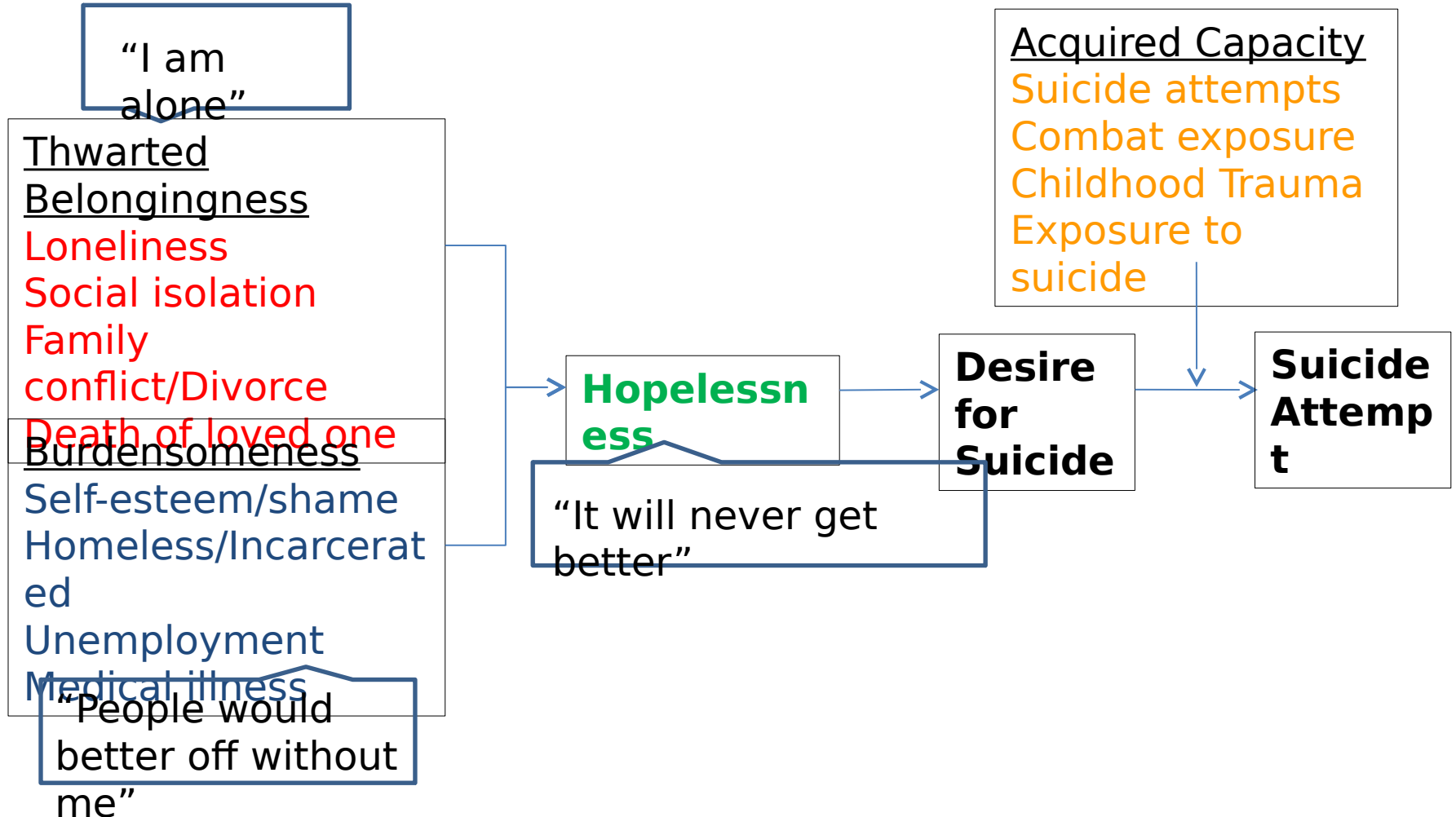
Adapted from Van Orden, 2010

Risk Factors for Suicide

- Mental health disorders
- Prior suicide attempts
- Social isolation
- Physical illness
- Unemployment
- Family conflict/Loss
- Family history of suicide
- Impulsivity
- Incarceration
- Hopelessness
- Seasonal variation
- Serotonin dysfunction
- Agitation, insomnia
- Childhood trauma
- Exposure to suicide
- Homelessness
- Combat exposure
- Low self-esteem, shame

Adapted from Van Orden, 2010

Interpersonal Theory of Suicide



Adapted from Van Orden, 2010

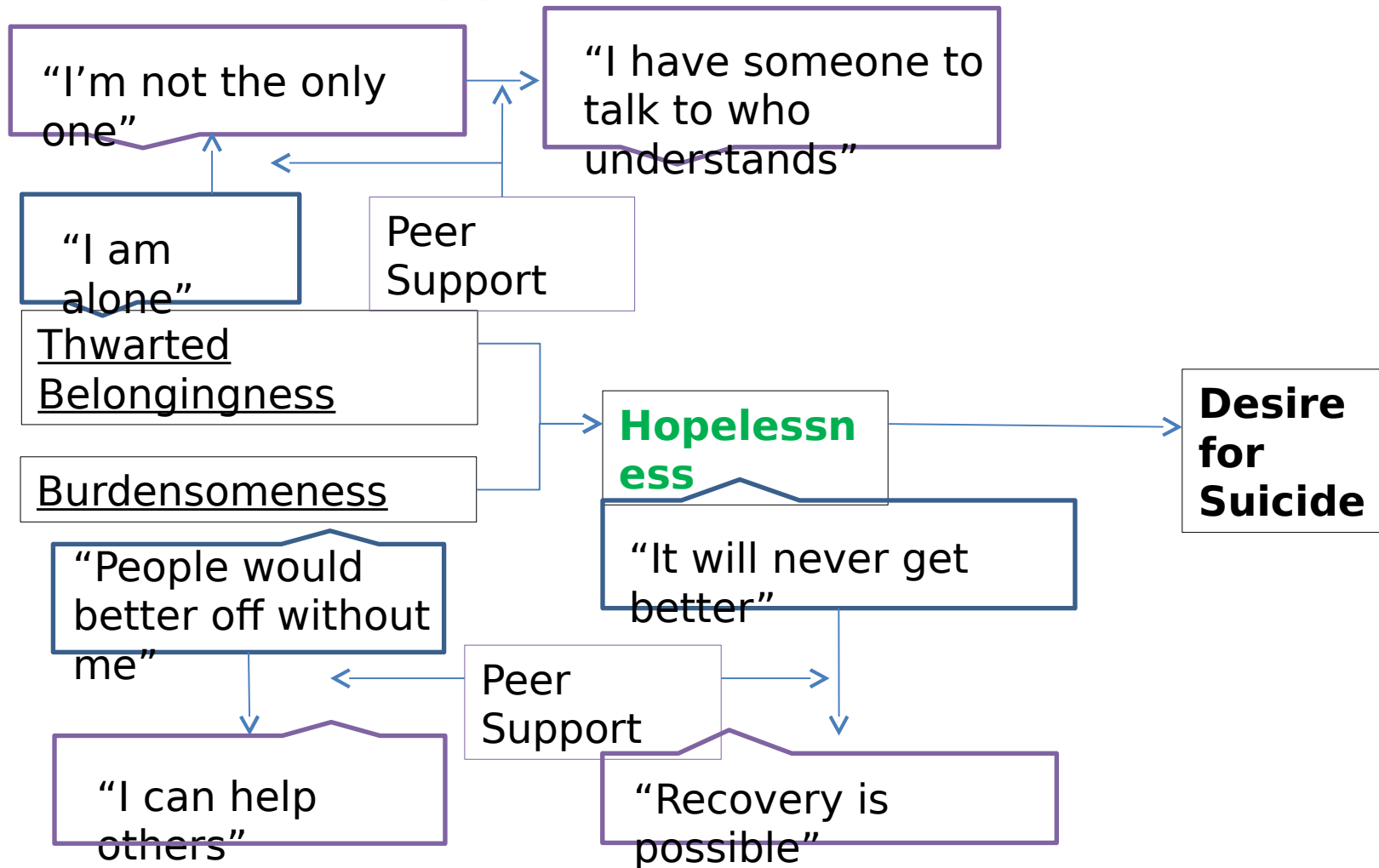
Suicidal Ideation Among Depressed VA Patients (DIAL-UP)

	No SI	Passive SI	Active SI
Control variables	(N = 249)	(N = 116)	(N = 78)
Age 18–44, %	22.4	13.2	18.0
Age 45–64, %	62.7	68.4	66.7
Age 65+, %	14.9	18.4	15.4
Male sex, %	72.7	85.0 ^a	94.7 ^{a,b}
White, %	74.6	72.6	75.6
Black, %	16.0	17.2	16.7
Other race, %	9.4	11.2	7.7
Somatic-affective depression, Mean (SD)	15.5 (6.6)	18.1 (6.8) ^a	21.7 (6.0) ^{a,b}
Primary independent variables			
Hopelessness, Mean (SD)	7.1 (5.0)	10.4 (5.8) ^a	12.5 (5.4) ^{a,b}
Burdensomeness, Mean (SD)	5.6 (3.6)	7.7 (3.6) ^a	9.0 (3.5) ^{a,b}
Belongingness, Mean (SD)	68.4 (21.9)	64.2 (20.6)	53.6 (20.3) ^{a,b}

^a $p < 0.05$ compared to No SI.

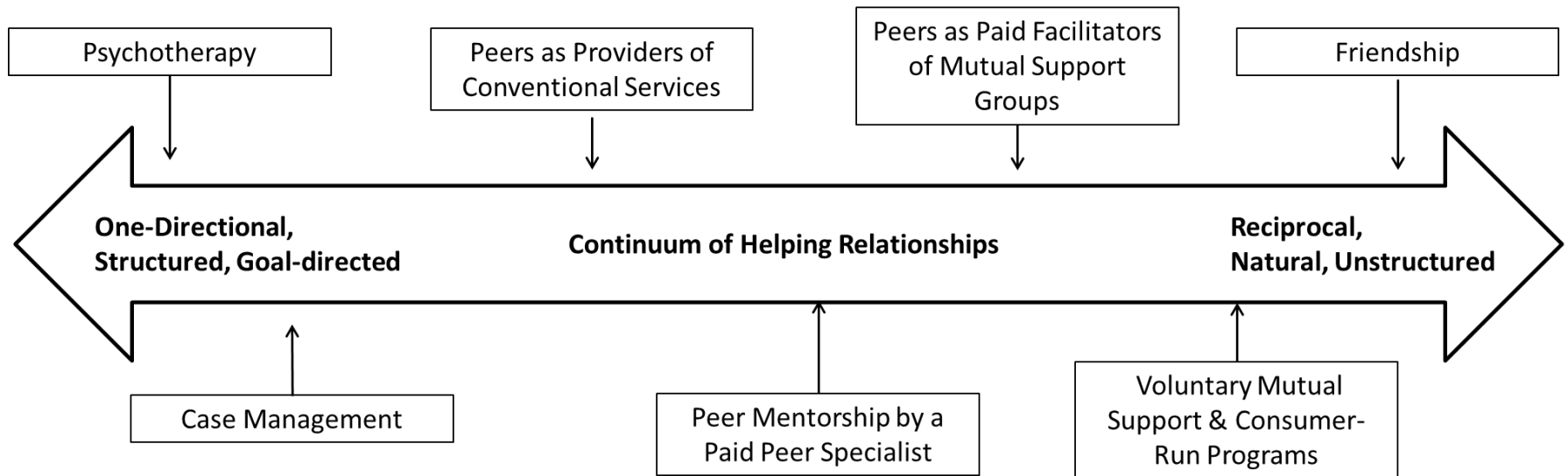
^b $p < 0.05$ compared to Passive SI.

Interpersonal Theory of Suicide & Peer Support



Adapted from Van Orden, 2010

What is Peer Support?



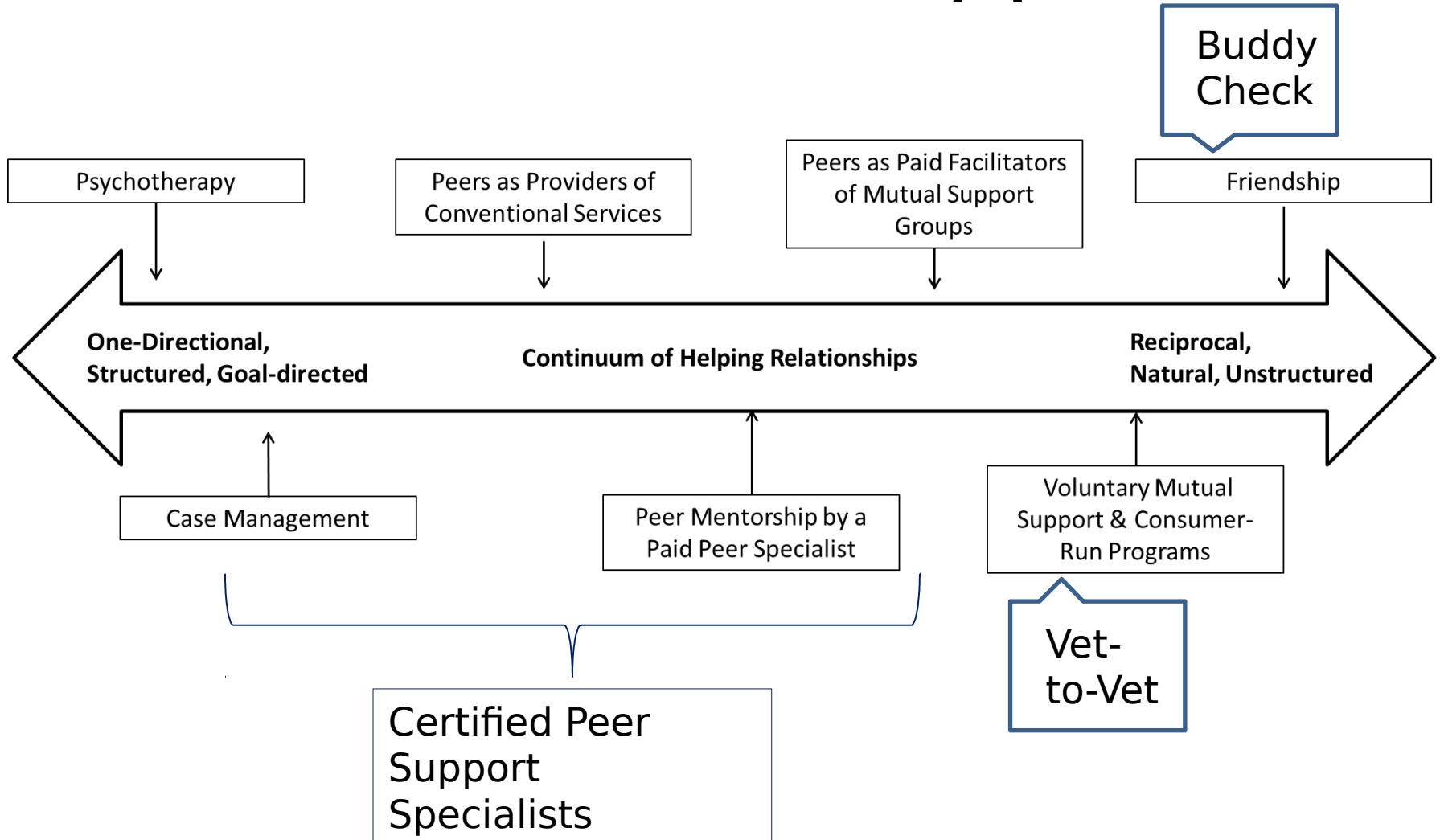
'Buddy Check on 22!' Veterans Use Social Media to Fight Suicide

By CHRISTINE HAUSER APRIL 21, 2016



Zachary Ziegel and other Marines attend a funeral in 2015 for Sgt. Austin Noble, one of the men who served with them in Afghanistan. Mr. Ziegel keeps a Buddy Check 22 Facebook page to help them keep track of each other. Hayden Noble

What is Peer Support?



Nice theory, where is the evidence?



Do Leading Peer Services Reduce Suicide Risk Factors?

RCT Results of Wellness Recovery Action Planning (WRAP) vs. Wait List control

Measure by Time Point	Intervention		Control	
	Mean (SD)	No.	Mean (SD)	No.
BSI global severity index				
Baseline	0.76 (0.72)	251	0.73 (0.73)	268
Postintervention 1	0.72 (0.64)	224	0.85 (0.70)	234
Postintervention 2	0.42 (0.61)	220	0.47 (0.67)	228
Hope				
Baseline	21.67 (4.66)	248	21.87 (4.42)	264
Postintervention 1	22.47 (4.39)	221	22.07 (4.06)	228
Postintervention 2	22.76 (4.68)	212	22.16 (4.21)	222

Do Leading Peer Services Reduce Suicide Risk Factors?

RCT Results of Vet-to-Vet VA Peer Support Group

- No overall effect on social support, hope, or mental health symptoms compared to usual care.
- “Dose effect” among group participants for improvement in symptoms but not for social support or hope

Do Leading Peer Services Reduce Suicide Risk Factors?

RCT of Adding Peer Support Specialist to VA MHICM Team

- No overall effect on symptoms, quality of life, or measures of recovery other than an improvement in activation.

Peer Services & Suicide Risk Factors: Depression

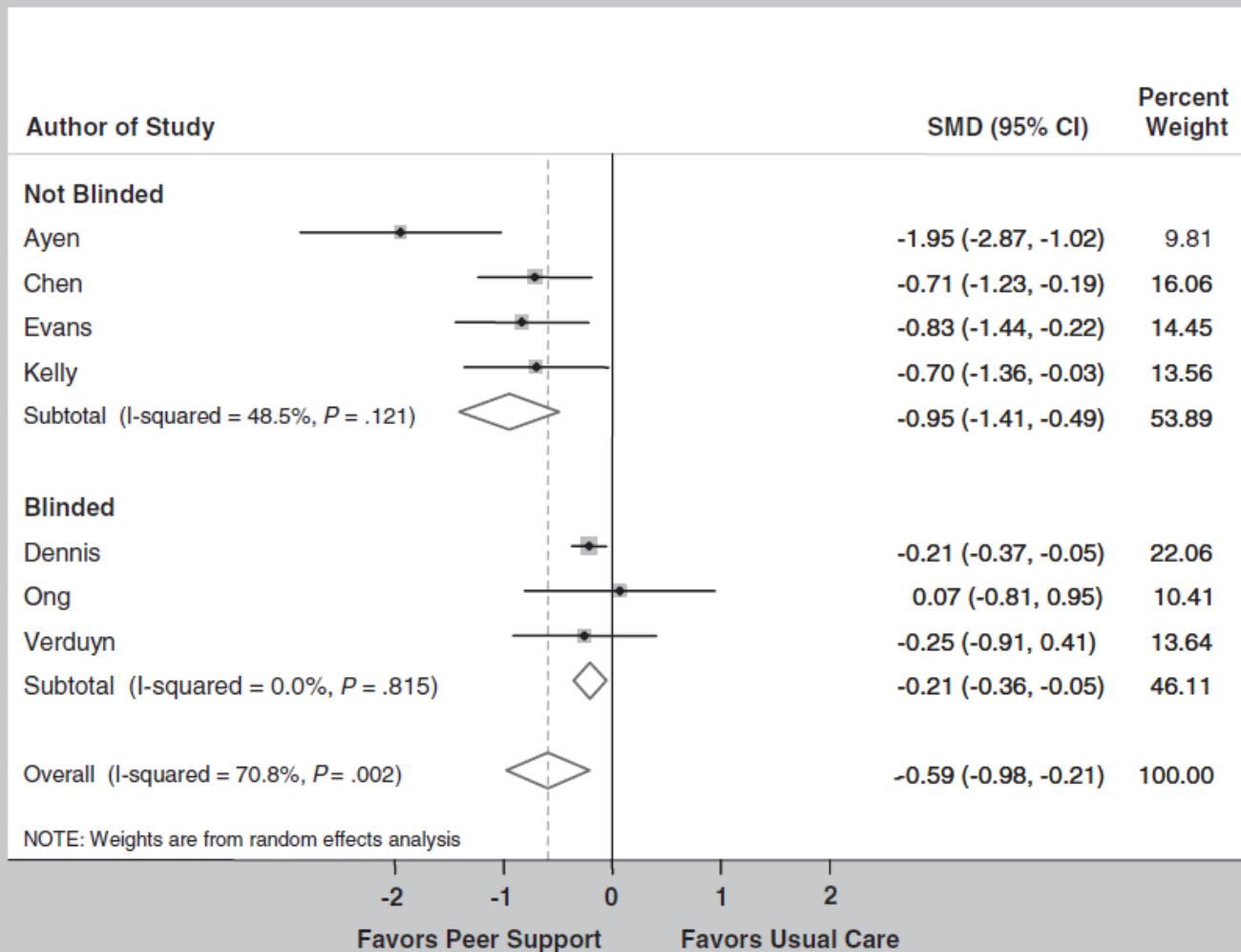


Fig. 2. Forest plot comparing changes in depressive symptoms for peer support vs. usual care.

Peer Services & Suicide Risk Factors: Depression

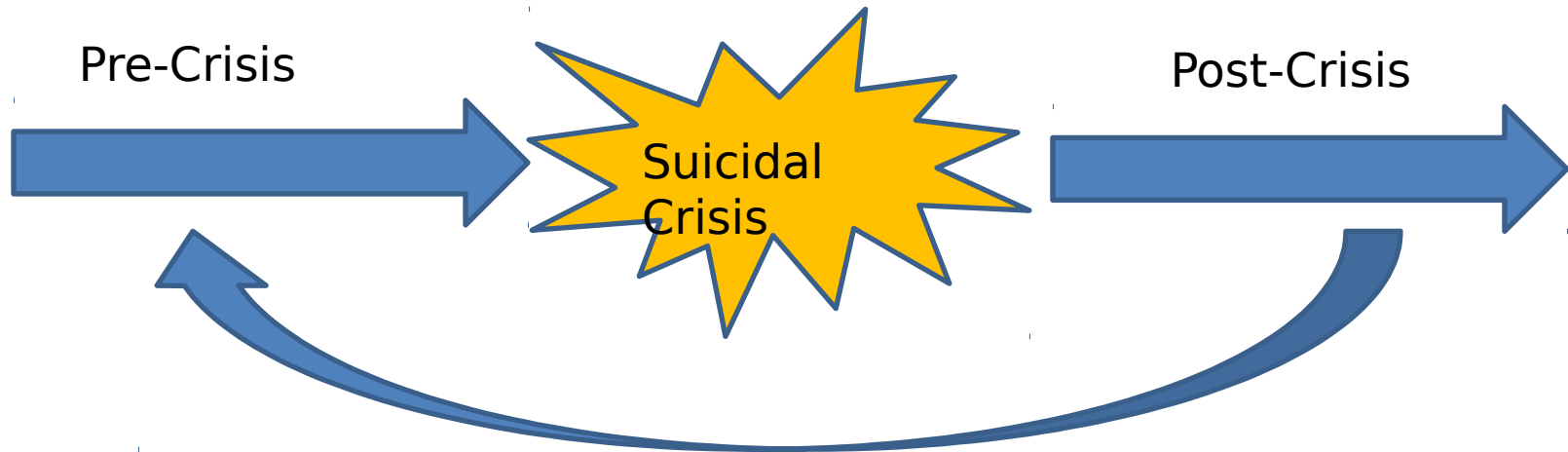
Peer Support for Depression

- RCT of mutual telephone peer support for depressed VHA patients (DIAL-UP) was not associated with improvement in depression, hopelessness, or suicidal ideation.

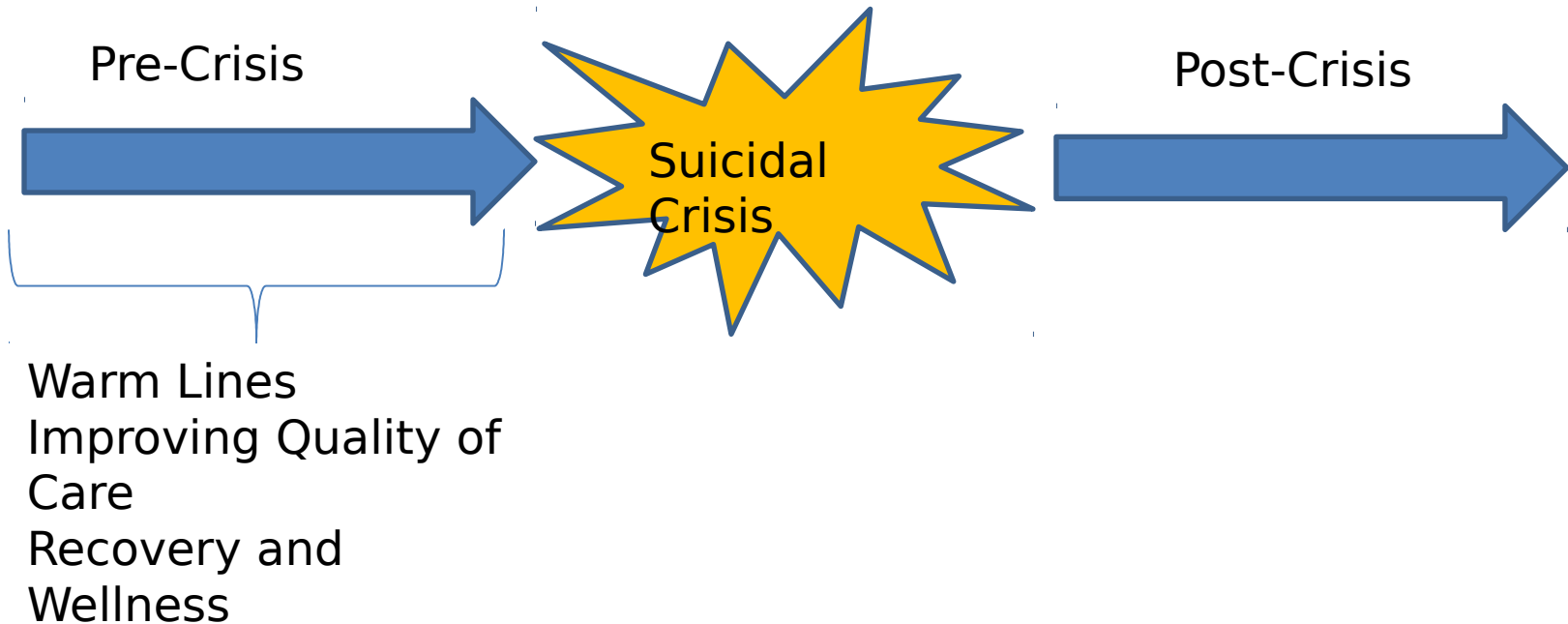
Evidence Summary

- There is limited evidence that existing peer support services reduce suicide risk factors
- What about Crisis-specific Services?
 - **Bottom Line: They haven't been rigorously studied**
 - Mainly pilot studies/demonstration projects

Roles of Peers in Suicide Prevention



Roles of Peers in Suicide Prevention

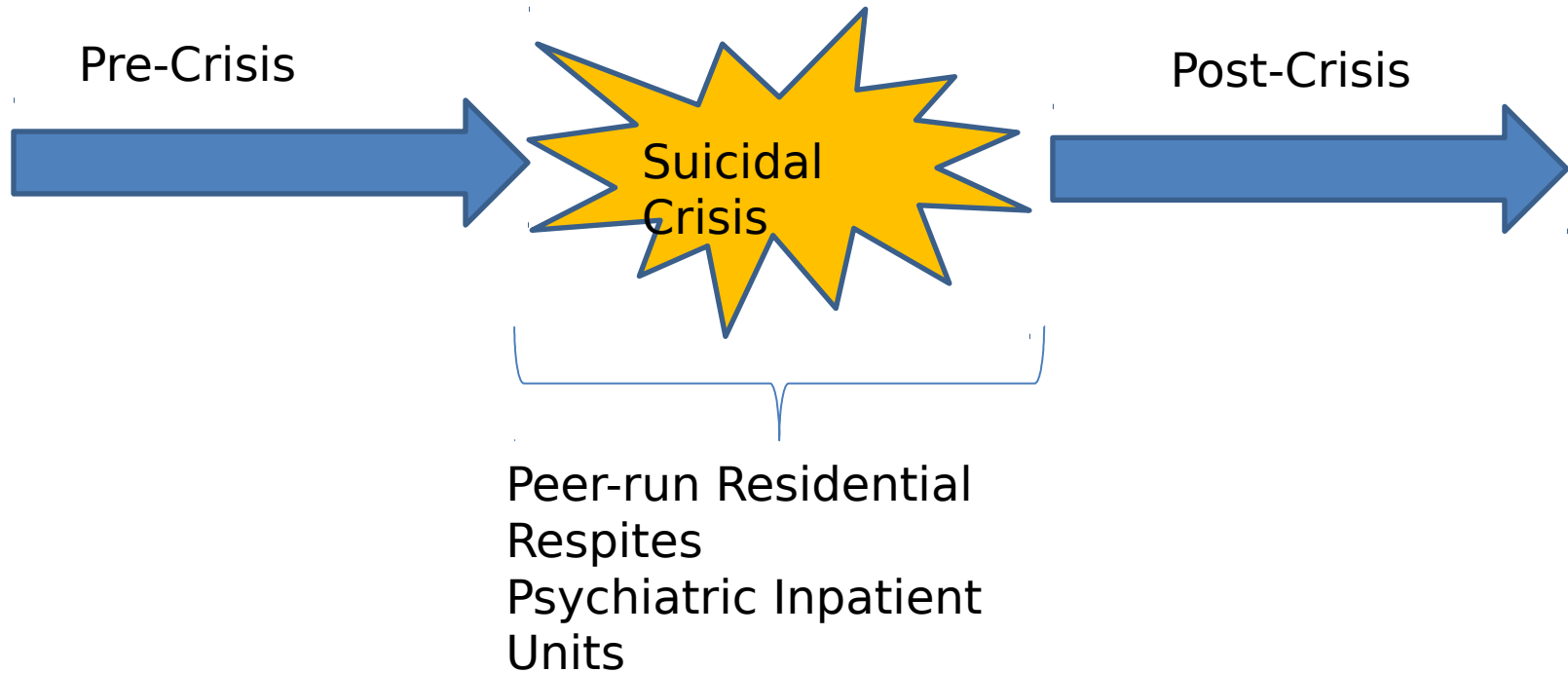


Roles of Peers in Suicide Prevention

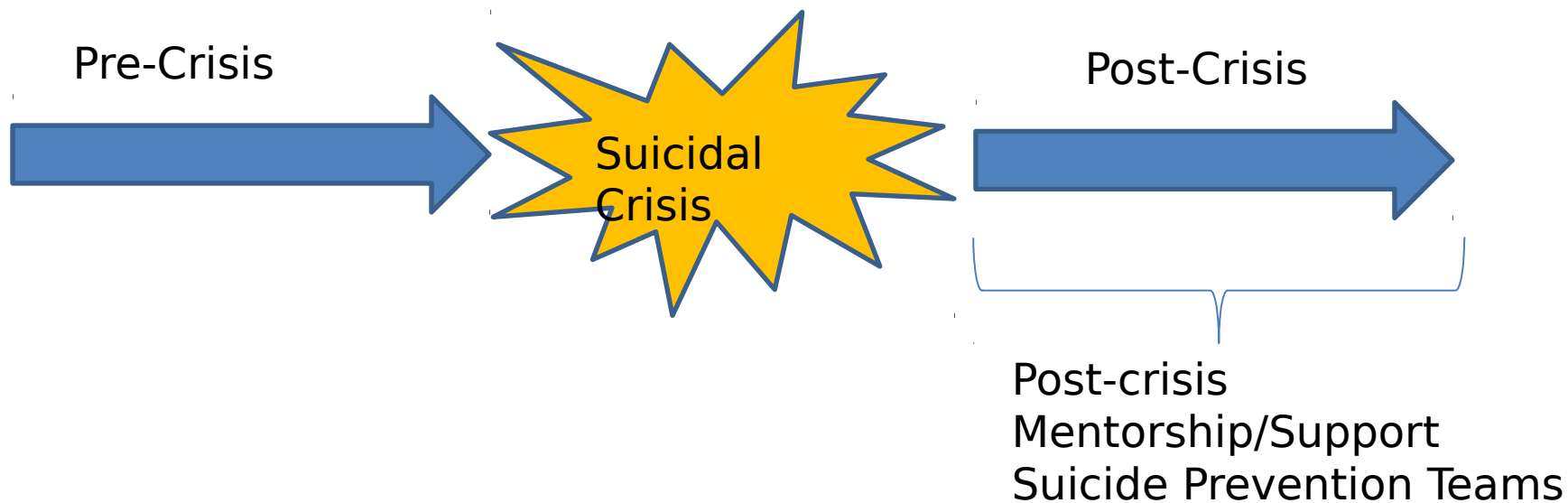


1st Responder
Training
Community Crisis
Centers
Mobile Crisis Teams
Emergency
Departments
Suicide Prevention
teams

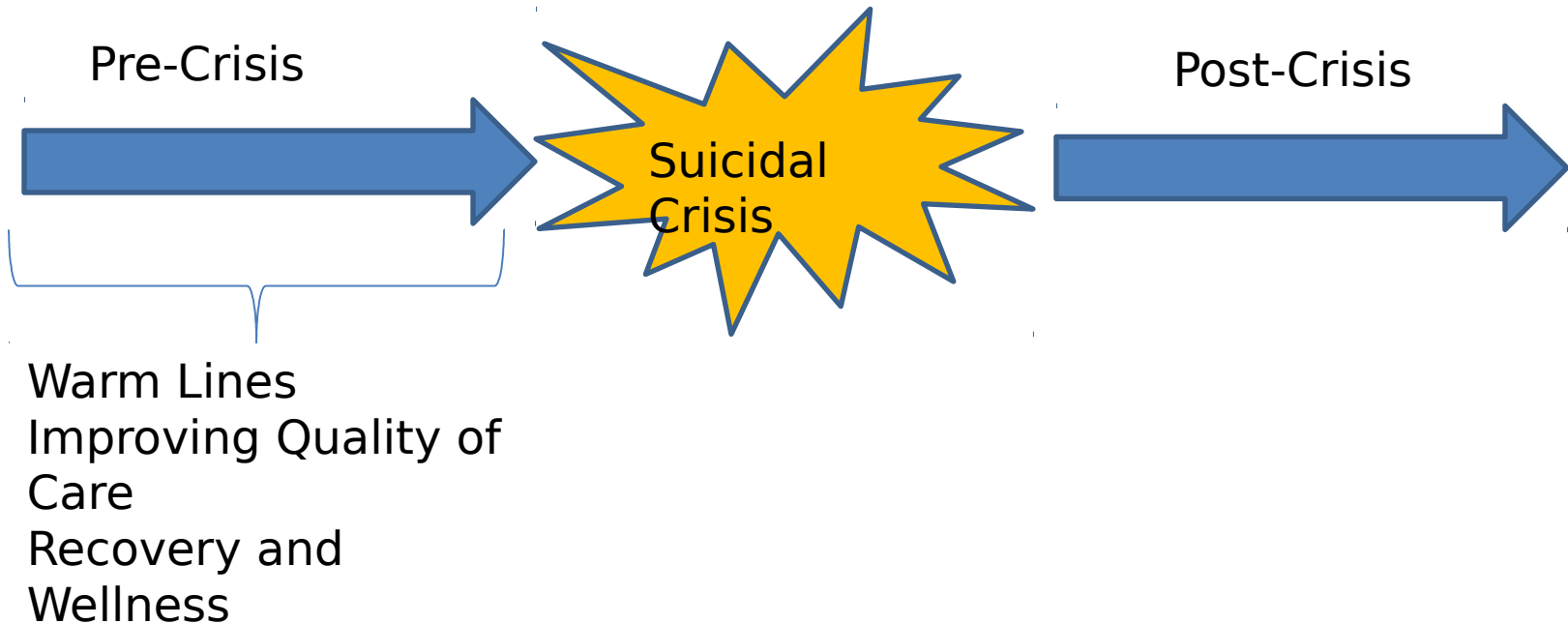
Roles of Peers in Suicide Prevention



Roles of Peers in Suicide Prevention



Roles of Peers in Suicide Prevention



Warm Lines



- Peer-run call-in centers
- Often operate “after hours” when other clinical/peer services are not available
- Serve as a “pre-crisis” alternative to crisis hotlines
- Peers offer emotional support, hope, and the benefit of their experience
- Peers are trained in communication skills and when to transfer to a crisis line

Warm Line Evaluation

- Survey of 400+ callers to a peer-run state-wide warm line (WL)
- 89.6% satisfaction with service
- Reductions in ED and crisis call use after implementation
- Majority reported WL helped with coping skills, sense of well-being, empowerment, and personal recovery
- Complaints included:
 - Not personally connecting with peer specialist
 - Wait times to reach someone and then feeling rushed to end call

Roles of Peers in Suicide Prevention



1st Responder
Training
Community Crisis
Centers
Mobile Crisis Teams
Emergency
Departments
Suicide Prevention
teams

Mobile Crisis Team



- “Go to where the patient is”, including home or in the community, to provide support and linkage to resources
- Activated by call to crisis line, law enforcement (following outreach), clinicians, etc.
- Primarily “pre-crisis” role, refer to clinicians for acute safety issues
- Training: peer support 101, trauma-informed care, WRAP, crisis intervention training, suicide prevention, compassion fatigue
- Support: clinical supervision and wellness coaching

Mobile Crisis Team Evaluation

- 1 year pilot study conducted in 2 counties in Montana
- 2 embedded peer support specialists
- 90 referrals, 749 contacts
- Estimated \$132,960 saved in diversion from ED or hospital stays (~\$200,000 over 1 year)
- Program cost \$118,216

Source: Jim Hajny, Executive Director

ED Alternatives

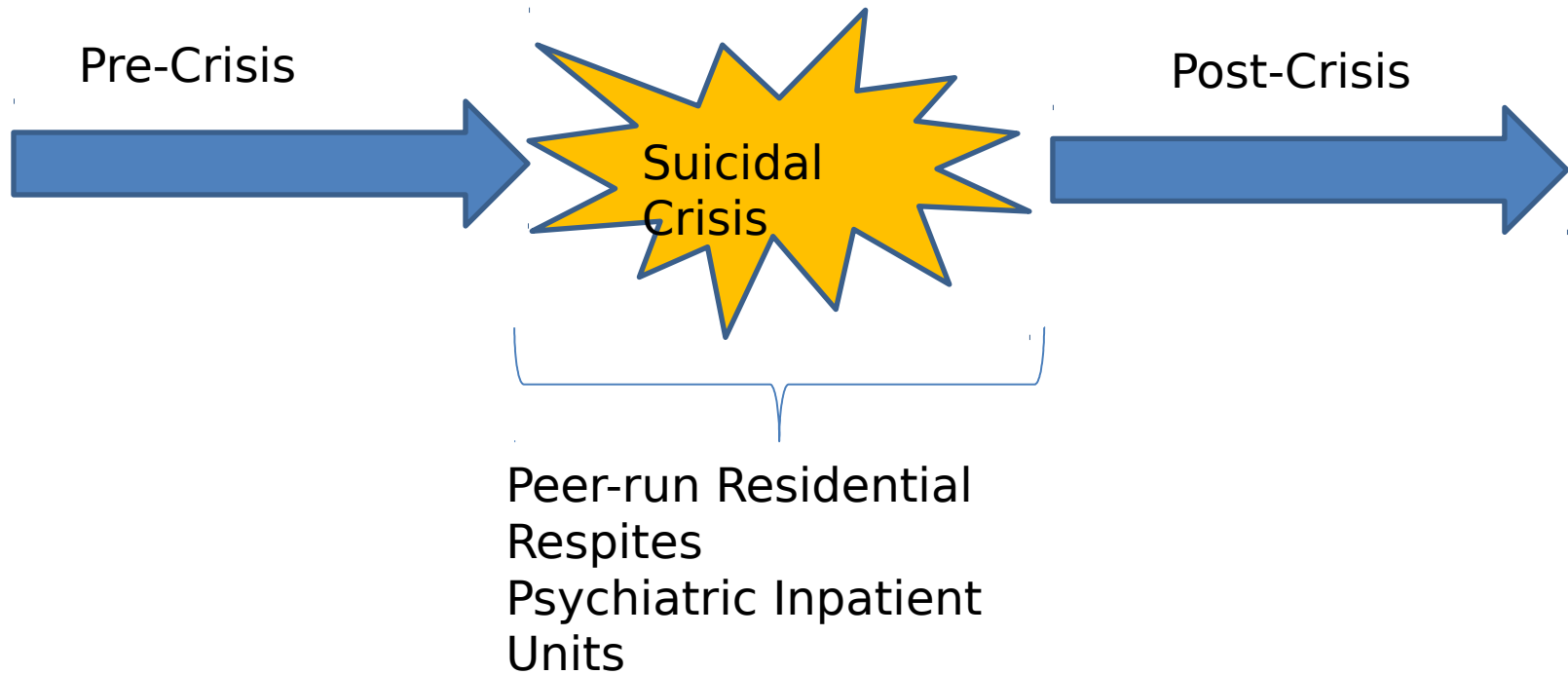
- The Living Room
 - Crisis center operated in Skokie, Illinois
 - Staffed by 3 peer counselors, 1 nurse, and 1 therapist
 - Arranged like an actual living room, “home like” environment
 - Attached to CMH clinic with separate entrance
- Qualitative findings from interview of staff & guests
 - “Safe harbor”
 - “At home with uncomfortable feelings”
 - “Helping, no judgment zone”
 - Some concern about people using the Living Room for support when not in crisis



Member of ED Team

- 2011 descriptive study by Migdole et al.
- Employed peer specialists to provide MH crisis support in ED
- 2 peer specialists on duty at time
 - Orient patients to ED/procedures, liaison with patient advocates, provide general support, provide comfort items and companionship (play cards)
- Preliminary/anecdotal evaluation suggested improved patient satisfaction
- Challenges related to:
 - Chaos/stress ED triggering for peers
 - Navigating when peers become ED patients

Roles of Peers in Suicide Prevention



Residential Crisis Services / Respite / Hospital Diversion

- “Rose House” model by PEOPLE, Inc.
 - Staffed and operated 24/7 by Peer Specialists
 - Houses up to ~4 guests, voluntary basis
 - 1 to 5-day stay, stable housing required
 - Offers 1:1 peer support and group services, such as WRAP, 12-step
 - Also houses warm line and offers mobile crisis services

Rose House alternative to psychiatric hospitalization



Rose House – Evaluation 2014

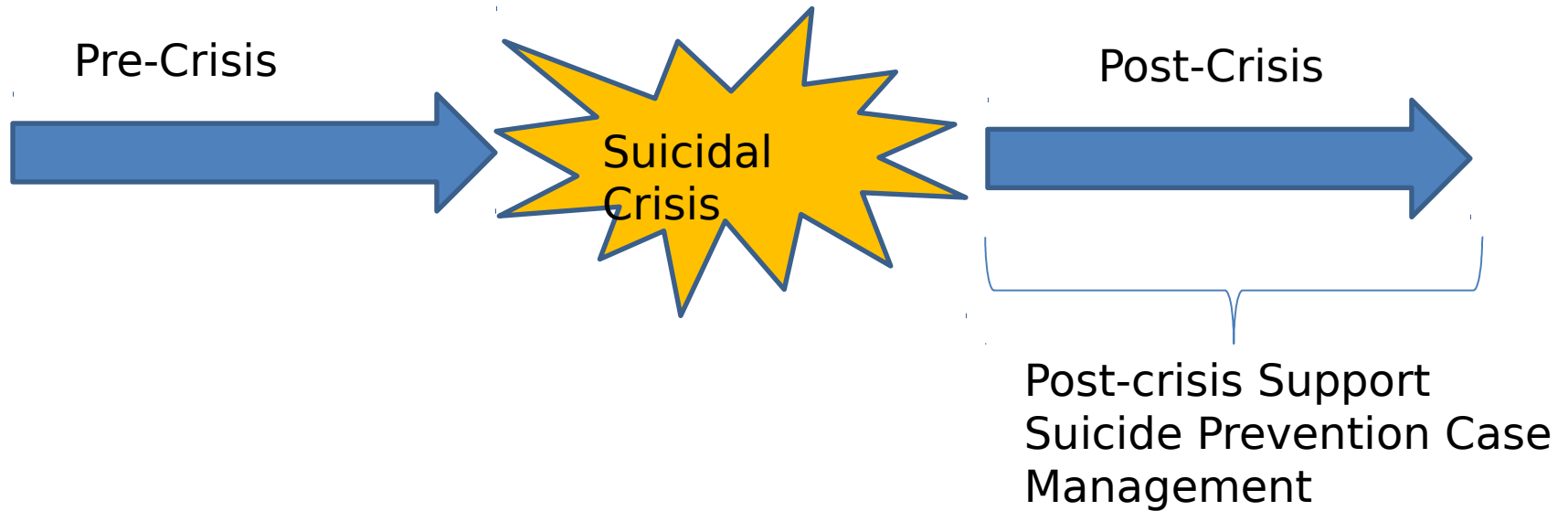
- 128 unique guests for 506 residence days
- 3,400 warm line calls, 207 mobile visits
- Operating cost: \$249,000
- Cost if admitted to local hospital: \$809,600
- 11% admitted to inpatient w/in 30 days of leaving Rose House
- 97% reported feeling better and more socially connected

Residential Crisis Services RCT

Compared to Locked Inpatient Psychiatric Facility, Peer-managed Residential Program patients had:

- Greater improvement in mental health
- Greater satisfaction with care
- Similar quality of life
- Similar costs given greater readmissions (1.2 vs. 0.7 over 1 year) and greater total days

Roles of Peers in Suicide Prevention



Post-crisis Support

- 1:1 and/or group peer support services following psychiatric hospitalization
- Mixed RCT evidence
 - Sledge et al. RCT found peer support reduced subsequent readmissions (0.9 vs. 1.4) and hospital days (10.1 vs 17.3) compared to usual care
 - Simpson et al. RCT found peer support has no effect on recovery outcomes or costs though trend for improvement hopelessness

VA Pilot Study of Post-hospital Support

- 60% support from a peer specialist for support vs. 40% to get support from family/friend
- Depression (one 1 of 2 measures) and anxiety symptoms improved, but no control group
- No change from baseline to 3 or 6 months in:
 - Suicidal ideation
 - Hopelessness
 - Perceived social support
 - Activation
 - Functioning
- Low structure to support

Peers and VA Suicide Prevention

- VA Maryland has embedded peer support specialist on Suicide Prevention team
- Peer involved in
 - Caring letters
 - Safety planning
 - Means restriction counseling
 - Wrap Groups
 - Additional contacts with high-risk patients



Training Options

- Applied Suicide Intervention Skills Training (ASIST)
 - Over 1,000,000 trained
 - Study of National Suicide Prevention Lifeline workers demonstrated improved caller outcomes w/ ASIST training
 - Callers less suicidal, overwhelmed, and depressed, more hopeful
- Emotional CPR (eCPR)
 - Recovery-informed approach to crisis support
- Mental Health First Aid
 - Intended for general public
 - Increases knowledge, confidence, and attitudes regarding mental health
- QPR – Question, Persist, Refer
 - 1 hour online training for \$30
 - Shown to improve knowledge and self-efficacy

Evidence Summary

- Evidence suggests peer-run crisis services have high consumer satisfaction and can be cost-saving alternatives to psychiatric hospitalization
- The effect of peer support services on suicide-specific outcomes such suicidal ideation, attempts, or suicide death is non-existent
- Research on suicide-specific outcomes is needed

Or Should the Primary Outcome Should be a Better Patient Experience?

- Existing crisis services are seen by many individuals as traumatic, humiliating, and disempowering
 - Involuntary commitment
 - Police involvement
 - Restraints
 - Forced medication
 - Removal of clothing / belongings
 - Sterile / cold surroundings
 - Isolation from friends & family
 - Excessive wait / “boarding” times
 - Discourteous staff



Pilot RCT Research



PREVAIL Study

- Pilot study of 12 weeks of 1:1 Peer Mentorship to Reduce the Risk of Suicide after a Psychiatric Hospitalization
- PREVAIL training was developed with expert panel input from:
 - Peer support and suicide researchers
 - Peer specialists
 - State peer specialist training coordinator
 - The Center for Dignity, Recovery, and Empowerment
- The 3-day training was taught to selected Certified Peer Support Specialists with > 1 year of peer support experience



PREVAIL Training

- Balance between supporting autonomy and recovery while also enabling peers to use specific tools/skills to help patients improve their sense of hope and belongingness
- Main components
 - Communication skills: listening, validation
 - Sharing one's story regarding suicidal crisis
 - Addressing suicidal crises & when to get help
 - Skills for improving hope
 - Skills for improving belongingness
 - Skills for improving engagement



RePREVAIL Study Details

- 60 patients from the University of Michigan Inpatient unit will be randomized to either PREVAIL or usual care
- Primary outcomes will be suicide attempts and suicidal ideation at 3 months and 6 months
- Secondary outcomes include levels of hope and perceived social support
- CPSS receive weekly group supervision
- All meetings will be recorded to determine fidelity to the training model

PREVAIL Study Progress

- 33 participants recruited (~50% of eligible)
 - 38% suicide attempters at admission
 - Average meetings w/ peer at 12 weeks: 9
 - 4 dropped out of peer meetings
 - 2 participants readmitted based on suicide risk identified during peer meetings
 - 1 also intoxicated at meeting
 - 1 had already overdosed



PREVAIL Study Insights

- High acceptability but not for everyone
 - “Too much going on” “Already enough providers”
- Fit between peers important for engagement
 - Peer styles and backgrounds highly variable
 - Good to allow choice of peer
- Supervision is critical, 5-day training not enough
 - Sharing one’s story appropriately is a skill
 - Psychotherapy skills (MI, CBT, DBT) adapted for peers may no longer be effective and should entail sufficient training/supervision support
 - Recorded sessions with weekly feedback helpful

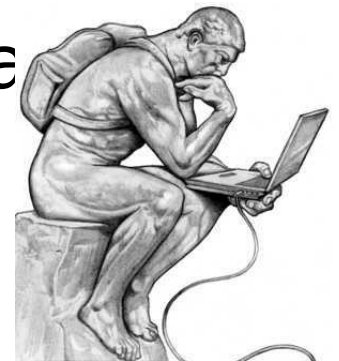


PREVAIL Study Insights

- Fuzzy boundary questions
 - Romantic and financial relationships forbidden, but can peers ever be friends?
- Withdrawing support can be difficult
 - But suicide prevention services need to be sustainable, and don't want to foster dependence
- Fidelity to desired intervention challenging
 - Peers may employ techniques with little evidence
 - Could involve religious or personal beliefs

Final thoughts

- How much Peer-ness is needed to help someone at risk for suicide?
- Is it possible to be effective at preventing suicide and not have an agenda? Does this violate true peer support?
- How could peers be effective and integrated into care for low/moderate suicide risk patients?



Acknowledgments

Co-Is: Marcia Valenstein, Mark Ilgen, Cheryl King, Eduardo Vega, John Piette, Michele Heisler

Research staff: Heather Walters, Becky Clive, Maryssa Lyons, James Garlick,, Jennifer Henry, Erin Miller

Peer Specialists: Yarrow Halstead, Merton Hershberger, Deborah Monroe, Greg Monroe, Leroy Steele, Calvin Jonson

Consultants: Pam Werner, Daniel Chinman, Marjan Halloway, Julie Derosa, Kelly Coe, Laura Hirshbein

References

- Hoffmire, Kemp, Bossarte. Changes in Suicide Mortality for Veterans and Nonveterans by Gender and History of VHA Service Use, 2000-2010. *Psychiatric Services in Advance*, 2015
- Sally C. Curtin, M.A., Margaret Warner, Ph.D., and Holly Hedegaard, M.D., M.S.P.H, NCHS Data Brief No. 241, April 2016
- Van Orden KA, Witte TK, Cukrowicz KC, Braithwaite SR, Selby EA, Joiner TE, Jr. The interpersonal theory of suicide. *Psychol Rev.* Apr 2010;117(2):575-600
- Davidson L, Chinman M, Sells D, Rowe M. Peer support among adults with serious mental illness: a report from the field. *Schizophr Bull.* Jul 2006;32(3):443-450
- Pfeiffer, Brandfon,Garcia, Duffy, Ganoczy, Kim, Valenstein. Predictors of suicidal ideation among depressed veterans and the interpersonal theory of suicide. *Journal of Affective Disorders*, 152-154(2014)277-281.
- Cook JA, Copeland ME, Jonikas JA, et al. Results of a Randomized Controlled Trial of Mental Illness Self-management Using Wellness Recovery Action Planning. *Schizophr. Bull.* Jun 2012;38(4):881-891.
- Eisen SV, Schultz MR, Mueller LN, et al. Outcome of a Randomized Study of a Mental Health Peer Education and Support Group in the VA. *Psychiatr. Serv.* Dec 2012;63(12):1243-1246.
- Chinman M, Oberman RS, Hanusa BH, et al. A Cluster Randomized Trial of Adding Peer Specialists to Intensive Case Management Teams in the Veterans Health Administration. *J. Behav. Health Serv. Res.* Jan 2015;42(1):109-121.
- Pfeiffer PN, Heisler M, Piette JD, Rogers MAM, Valenstein M. Efficacy of peer support interventions for depression: a meta-analysis. *General Hospital Psychiatry.* Jan-Feb 2011;33(1):29-36.
- Valenstein M, Pfeiffer PN, Brandfon S, Walters H, Ganoczy D, Kim HM, Cohen J, Benn-Burton W, Carroll E, Henry J, Garcia E, Risk B, Kales HC, Piette JD, Heisler ME. Augmenting Ongoing Depression Care With A Mutual Peer Support Intervention Versus Self Help Materials Alone: A Randomized Trial. *Psychiatric Services* (In press)
- Dalgin RS, Maline S, Driscoll P. Sustaining Recovery through the Night: Impact of a Peer-Run Warm Line. *Psychiatr. Rehabil. J.* Sum 2011;35(1):65-68.
- Shattell MM, Harris B, Beavers J, et al. A Recovery-Oriented Alternative to Hospital Emergency Departments for Persons in Emotional Distress: "The Living Room". *Issues Ment. Health Nurs.* Jan 2014;35(1):4-12.
- Migdole S, Tandora J, Silva M, Barry A, Milligan J, Mattison E, Rutledge W, Powsner S. Exploring new frontiers: Recovery-oriented peer support programming in psychiatric ED.American Journal of Psychiatric Rehabilitation, 14: 1-12, 2011.
- Greenfield TK, Stoneking BC, Humphreys K, Sundby E, Bond J. A randomized trial of a mental health consumer-managed alternative to civil commitment for acute psychiatric crisis. *American Journal of Community Psychology.* Sep 2008;42(1-2):135-144.
- Sledge WH, Lawless M, Sells D, Wieland M, O'Connell MJ, Davidson L. Effectiveness of peer support in reducing readmissions of persons with multiple psychiatric hospitalizations. *Psychiatr Serv.* May 2011;62(5):541-544.
- Simpson A, Flood C, Rowe J, et al. Results of a pilot randomised controlled trial to measure the clinical and cost effectiveness of peer support in increasing hope and quality of life in mental health patients discharged from hospital in the UK. *Bmc Psychiatry.* Feb 5 2014;14.
- Pfeiffer PN, Pilot study of enhanced social support with automated telephone monitoring after psychiatric hospitalization for depression, 2015 (submitted)
- Jahn & Hollands, VA HSR&D Cyberserminar, 2016

Questions/Comments ?

Contact Information

paul.pfeiffer@va.gov